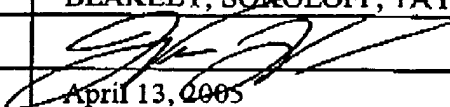
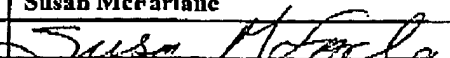




<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/314,566
		Filing Date	May 19, 1999
		First Named Inventor	Heather Achilles
		Art Unit	2666
		Examiner Name	Michael J. Moore Jr.
Total Number of Pages in This Submission	17	Attorney Docket Number	82771P286

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	April 13, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane		
Signature		Date	April 13, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 08/04/2004  
 SEND TO: Commissioner for Patents, P.O. Box 1400, Alexandria, VA 22313-1400

FEE TRANSMITTAL for FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	09/314,566
		Filing Date	May 19, 1999
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Heather Achilles
		Examiner Name	Michael J. Moore Jr.
		Art Unit	2666
		Attorney Docket No.	82771P286

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

## 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
6	20*	0	\$0.00
Independent Claims	4	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity
Fee Code	Fee Code
1202 60	2202 25
1201 200	2201 100
1203 380	2203 180
1204 300	2204 150
1206 300	2205 150

Fee Description

\*or number previously paid, if greater. For Reissues, see below

SUBTOTAL (1) (\$) 0.00

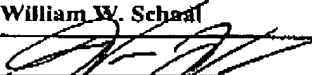
## 2. ADDITIONAL FEES

Large Entity	Small Entity
Fee Code	Fee Code
1051 130	2051 65
1052 60	2052 25
2053 130	2053 130
1251 120	2251 60
1252 450	2252 225
1253 1,020	2253 510
1254 1,690	2254 795
1255 2,160	2255 1,080
1401 500	2401 250
1402 500	2402 250
1403 1,000	2403 500
1451 1,510	2451 1,510
1460 130	2460 130
1807 50	1807 50
1806 180	1806 180
1809 790	1809 395
1810 790	2810 395

Fee Description

Other fee (specify) \_\_\_\_\_

SUBTOTAL (2) (\$) \_\_\_\_\_

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	04/13/05

Based on PTO/BB/17 (12/04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		<i>Complete If Known</i>	
		Application Number	09/314,566
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	May 19, 1999
		First Named Inventor	Heather Achilles
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00		Examiner Name	Michael J. Moore Jr.
		Art Unit	2666
		Attorney Docket No.	82771P286

**METHOD OF PAYMENT** (check all that apply)

☐ Check 
 ☐ Credit card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. 
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
6	20*	0	\$0.00
Independent Claims	6**	0	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claims, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

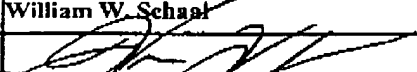
SUBTOTAL (1) (\$) 0.00

**2. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(u)	
1808	180	1808	180	Submission of Information Disclosure Stmt.	
1809	700	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	700	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) \_\_\_\_\_

SUBTOTAL (2) (\$)

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	04/13/05

Based on PTO/SB/17 (12-94) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.  
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Appl. No. 09/314,566  
Amdt. Dated 04/13/2005  
Reply to Office Action of 01/13/2005

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APR 13 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application. No.	:	09/314,566	Confirmation No. 5400
Applicant	:	Heather Achilles	
Filed	:	05/19/1999	
TC/A.U.	:	2666	
Examiner	:	Michael J. Moore, Jr.	
Docket No.	:	82771P286	
Customer No.	:	8791	

Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office action of 01/13/2005, please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 3 of this paper.

**Amendments to the Drawings** begin on page 6 of this paper and includes a replacement sheet.

**Remarks/Arguments** begin on page 7 of this paper.

An **Appendix** including amended drawing figures is attached following page 8 of this paper.